U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

I displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RESERVE Application or Dooket Humbe **Bubstitute for Form PTO-876** APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY **OR** SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) FEE (\$) (87 OFR 1.16(2), (b); or (c)) N/A RATE (\$) FEE (\$) N/A BEARCH FEE . N/A N/A (87 OFR 1.16(K), (0, or (m)) N/A N/A EXAMINATION FEE (87 OFR 1.15(0), (P), or (q)) N/A NA N/A N/A N/A TOTAL OLAIMS NA (37 CFR 1.16(1)) mlnus 20 = 26 = INDEPENDENT CLAIMS OR 50 (37 OFR 1.16(h)) minus 3 = x 105 = If the specification and drawings exceed 100 210 sheets of paper, the application size fee due APPLICATION BIZE Is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). (37 CFR 1.16(s)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) 185 370 t the difference in column 1 is less than zero, enter *0* in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY CLAIMS HIGHEST SMALL ENTITY REMAINING PRESENT EXTRA NUMBER AFTER RATE (\$) . ADDI PREVIOUSLY RATE (\$) AMENDMENT ADDI-TIONAL PAID FOR Total. Minus FEE (\$) 25 Independent Profit 1,16(b) Minus ÖR .52 x 105 = Application Size Fee (37 CFR 1.16(s)) 210 ₹. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II) 185 340 OR: TOTAL ADD'L FEE TOTAL ADD'L FEE (Column 1) (Column 2) (Columnia) CLAIMS HIGHEST REMAINING œ NUMBER PRESENT RATÉ (\$) AFTER ADDI-PREVIOUSLY RATE (\$) ADDI-AMENDMENT PAID FOR TIONAL Total OF OFR 1.1600 FEE (\$) Minus FEE (\$) 15 independent Profficient Minus × 50 OR 105 Application Size Fee (37 CFR 1.16(s)) x 210 OR. FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM. (87 OFR 1.16(0) IBS OR If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This Collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any commente and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DEPARTMENT OF THIS COMMENT OF THIS COMMENT OF THIS COMMENT OF THIS STATE OF THIS COMMENT OF THIS STATE OF THIS COMMENT OF THIS STATE OF THE STATE OF THIS STATE OF THE OF THIS STATE OF THIS STATE OF THE STATE OF THE OF THIS STATE OF THE STATE OF THE STATE OF THIS STATE OF THE STA TOTAL

If you need assistance in completing the form, ball 1-800-PTO-8188 and select option 2.